

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 306-6483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
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7	/		/				57						
8		7		7			58						
9	/		/				59						
10		⑥		①			60						
11		⑥		⑥			61						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.			9				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						